

VACCINE ACCOUNTABILITY - LOCAL PUBLIC HEALTH AGENCY

ACCOUNTABILITY PERIOD: from _____ to _____

(See instructions for completing this report on reverse side)

NUMBER OF PATIENTS SERVED DURING THIS ACCOUNTABILITY PERIOD

| VFC Category | <1 Yr | 1-6 Yrs | 7-18 Yrs | Total |
|--------------|-------|---------|----------|-------|
| MEDICAID | | | | |

| VFC Category | <1 Yr | 1-6 Yrs | 7-18 Yrs | Total |
|--|-------|---------|----------|-------|
| UNINSURED | | | | |
| AMERICAN INDIAN / ALASKAN NATIVE | | | | |
| TOTAL UNINSURED & AMERICAN INDIAN / ALASKAN NATIVE | | | | |

| Non VFC | <1 Yr | 1-6 Yrs | 7-18 Yrs | 19-64 Yrs | 65+ Yrs | Total |
|---------|-------|---------|----------|-----------|---------|-------|
| | | | | | | |

VACCINE ACCOUNTABILITY (Do not include privately-purchased vaccine unless it is replacement vaccine)

| | DTaP | DTaP/ HB/IPV | DT | IPV | Hep A | Hep A/ Hep B 18 | Hep B | Hep B adult | Hep B/ Hib | Hib | HPV | MCV4 | MMR | MMRV | Pneumo 23 | PNU 7 | Rotavirus | Td | Tdap | Varicella |
|---------------------------------------|------|-----------------|----|-----|-------|--------------------|-------|----------------|---------------|-----|-----|------|-----|------|--------------|-------|-----------|----|------|-----------|
| 1. Last Reported Actual Vaccine Count | | | | | | | | | | | | | | | | | | | | |
| 2. Vaccine Received | | | | | | | | | | | | | | | | | | | | |
| 3. Vaccine Transferred Out | | | | | | | | | | | | | | | | | | | | |
| 4. Vaccine Wasted/Expired | | | | | | | | | | | | | | | | | | | | |
| 5. Doses Administered | | | | | | | | | | | | | | | | | | | | |
| 6. Inventory Should Be | | | | | | | | | | | | | | | | | | | | |
| 7. Actual Vaccine Count | | | | | | | | | | | | | | | | | | | | |
| 8. Unaccounted (+ or -) | | | | | | | | | | | | | | | | | | | | |

VACCINE WASTAGE

| Vaccine | No. of Doses | Lot No. | NDC No. (located on box) | Manufacturer | Expiration Date | Explanation* |
|---------|--------------|---------|-----------------------------|--------------|--------------------|---|
| | | | | | | * Use one of the following reasons in the "Explanation" column for each of the non-viable vaccines: 1. Expired vaccine 2. Natural Disaster/Power Outage 3. Refrigerator/Freezer too warm (specify) 4. Refrigerator temperature too cold 5. Failure to store vaccine properly upon receipt 6. Vaccine spoiled in transit (Freeze or Warm Monitor activated) 7. Mechanical Failure 8. Spoiled: Other 9. Other: Specify |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DATE OF REPORT _____

SIGNATURE OF PREPARER _____

INSTRUCTIONS FOR COMPLETING THE VACCINE ACCOUNTABILITY REPORT (LPHA)

The Vaccine Accountability report is to be completed at the end of each month and submitted to the Vaccines for Children (VFC) Program by the 10th of the following month. (VFC address and fax number are provided below.)

NUMBER OF PATIENTS SERVED DURING THIS ACCOUNTING PERIOD (Use Vaccine Accountability Tally Sheets)

From the Totals section, summarize the number of patients vaccinated according to their VFC eligibility category and age group. Use the Non-VFC blocks to indicate the number of patients by age category vaccinated with other federal funded vaccines.

VACCINE ACCOUNTABILITY (Do not include privately-purchased vaccine unless vaccine replacement)

1. Last Reported Actual Vaccine Count: Refer to your last Vaccine Accountability Report to complete this item. Record the number of doses of each vaccine reported in your inventory (**#7 Actual Vaccine Count**) at that time.
2. Vaccine Received: Indicate the number of doses of each vaccine received from the distributor, other clinics, or replacement vaccine during this accountability period.
3. Transferred Out: Indicate the number of doses of each vaccine that you transferred to another clinic during this accountability period.
4. Vaccine Waste/Expired: Indicate the number of doses of each vaccine that was wasted or expired during this accountability period.
5. Doses Administered: Using the totals under the "Vaccines Administered" columns on the Vaccine Accountability Tally Sheet, summarize the number of doses of each vaccine administered during this accountability period.
6. Inventory Should Be: Use the following formula to calculate the amount of each vaccine that should be in your inventory at this time:
 - a) Add **#1 (Last Reported Actual Vaccine Count)** and **#2 (Vaccine Received)**
 - b) Subtract **#3 (Vaccine Transferred Out)**, **#4 (Vaccine Wasted/Expired)**, and **#5 (Doses Administered)** from the total obtained in the process of adding #1 and #2.
(1 + 2 – 3 – 4 – 5 = 6)
7. Actual Vaccine Count: Count and record the amount of each vaccine currently in your refrigerator(s) and freezer(s). **(6 should = 7)**
8. Unaccounted (+ or -): Determine the amount of unaccounted vaccine during this accountability period by subtracting #7 (Actual Vaccine Count) from #6 (Inventory Should Be). Use the "+" sign if the amount in #7 is larger than #6. Use the "-" sign if the amount in #6 is larger than #7 and report this vaccine in the Vaccine Wastage section of this report. **(6 – 7 = 8)**

If the percentage of unaccounted vaccine is high, efforts should be made to determine the cause (i.e., administered doses are not accurate, transferred vaccine was not indicated, wasted/expired vaccine was not indicated.)

VACCINE WASTAGE

Report all wasted/expired vaccine, providing **all** requested information, including: vaccine name, number of doses, lot number, NDC number, manufacturer, expiration date, and explanation.

*In the event of equipment breakdown, the vaccine should be moved to another unit as soon as possible. Contact the Vaccines for Children customer service representative at **800-219-3224** for assistance.

Unopened vials of expired or wasted vaccine should be returned to the vaccine distributor, McKesson via UPS. Complete the Vaccine Return Packing Slip, following instructions on the form. Questions should be directed to the VFC Program at 800-219-3224.

Return completed form to:

Vaccines for Children Program
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65102
Phone: 800-219-3224 FAX: 573-526-5220